Steven L. Beshear
Governor

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

Robert D. Vance
Secretary

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

February 29, 2008

Eddie Mofford
Brooksville WWTP
PO Box 216
Brooksville, KY 41001

Re: KPDES Application Complete
KPDES No.: KY0025232
Brooksville WWTP
AI ID: 391
Activity ID: APE20070001
Bracken County, Kentucky

Dear Mr. Mofford,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on December 26, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 652.

Sincerely,

Allen Ingram II
Environmental Engineer Assistant I
KPDES Branch
Division of Water

ALI
Enclosures
c: Division of Water Files

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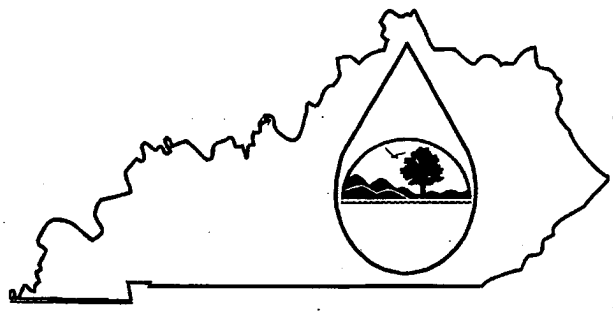
KPDES FORM 1

AI: 391



DEC 2 6 007

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION

AGENCY USE: 0 0 2 5 2 3 2

A. Name of business, municipality, company, etc. requesting permit: CITY OF BROOKSVILLE

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: BROOKSVILLE UTILITY	Owner Name: CITY OF BROOKSVILLE
Facility Location Address (i.e. street, road, etc.): KY 19 NORTH 1/4 MILE	Mailing Street: P.O Box 216
Facility Location City, State, Zip Code: BROOKSVILLE, KY 41004	Mailing City, State, Zip Code: BROOKSVILLE, KY. 41004
	Telephone Number: 606-735-2501

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

SANITARY SEWER PLANT

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:			
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See Instructions)

B. County where facility is located: BRACKEN	City where facility is located (if applicable):

C. Body of water receiving discharge: LOCUST CREEK

D. Facility Site Latitude (degrees, minutes, seconds): 38° 41' 06"	Facility Site Longitude (degrees, minutes, seconds): 84° 03' 36"

E. Method used to obtain latitude & longitude (see instructions): TOPO MAP

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:

☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator: JEFF MOFFORD	Telephone Number: 606-735-2501
Operator Mailing Address (Street): P O Box 216 BROOKSVILLE, Ky 41004	
Operator Mailing Address (City, State, Zip Code): P O Box 216 BROOKSVILLE Ky 41004	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐ 04796
Certification Class: CLASS II	Certification Number: 04796

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number: Ky 0025232	Issue Date of Current Permit: 2-04-2004	Expiration Date of Current Permit: 4-30-2008
Number of Times Permit Reissued:	Date of Original Permit Issuance: 5-9-1975	Sludge Disposal Permit Number: N/A
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	BROOKSVILLE UTILITY
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	McCoy & McCoy INC.
DMR Mailing Street:	P O Box 909 NOEL AVE.
DMR Mailing City, State, Zip Code:	MADISONVILLE, Ky 42431
DMR Official Telephone Number:	1-270-821-7375

KPDES FORM 1 – INSTRUCTIONS

Listed below are explanations of select Form 1 questions. If further information is needed concerning any question, please **contact Division of Water, KPDES Branch at (502) 564-3410.**

I. Facility Location and Contact Information

A. Use the official or legal name of the business, company, municipality, etc. requesting permit.

B. The facility name should be the name by which the facility is commonly known and/or uniquely identified. The information given as the facility name and location address should be the actual location of the facility (i.e. road name, highway number, not the P O Box address).

C. The facility owner/contact address should be the legal permittee of record and is the address where correspondence regarding the application, permit, etc. for the facility will be sent unless otherwise indicated.

II. Facility Description

A. Briefly describe the nature of the business and the activities being conducted that require a KPDES permit.

B. The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. These are found in the 1987 Edition of the Standard Industrial Classification (SIC) Manual. List the SIC codes(s) that best describe the products or services provided by the facility in descending order of importance. If an SIC code book is not available, please describe in detail the nature of the business and activities conducted so that an appropriate code can be assigned.

III. Facility Location

A. Attach a U.S. Geological Survey (USGS), 7 1/2 minute topographic quadrangle map(s) extending at least one mile beyond the property boundary of the discharge source. Depict or mark the facility and each of its intake and discharge structures. Also mark the locations of those wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within one-quarter mile of the facility property boundary. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone: (859) 257-3896.

B. List the county and, if applicable, city where facility is located.

C. List the body of water receiving discharge.

D. List the latitude and longitude for the facility site. The latitude/longitude reading for the site should be taken at the influent to the wastewater treatment plant, if applicable.

E. List the method used to obtain the latitude and longitude (i.e. topo map coordinates, GPS reading, etc.)

F. List the facility's Dun and Bradstreet Number if applicable.

IV. Owner/Operator Information

A. Place a check in the applicable type ownership as listed.

B. These sections must be completed by **all municipal and sanitary wastewater applicants** and other facilities as applicable.

List the name and address of the person who operates the sewage treatment plant.

Indicate if the operator is also the owner.

The operator must be currently certified with the Division of Water. For information concerning those requirements, contact: Division of Water, Certification Section, at (502) 564-3410.

List the Operator's Certification Class and Certification Number.

V. List any existing environmental permits which the facility has or will be applying for.

VI. List the address where Discharge Monitoring Report (DMR) forms are to be mailed.

VII. **Application Filing Fee**

The payment of a filing fee as listed below must accompany the application for a KPDES Permit. **(Your check must be made payable to "Kentucky State Treasurer.")** This fee will be applied toward the final discharge permit fee. The filing fee is not refundable if the application is withdrawn or the permit is denied. Listed below are the facility categories, associated base fees, and application filing fees. (See the "General Instructions" for definitions of facility categories.)

Facility Category	Base Fee	Application Filing Fee
Major Industry	$3,200	$640
Minor Industry	$2,100	$420
Non-Process Industry	$1,000	$200
Large Non-POTW	$1,700	$340
Intermediate Non-POTW	$1,500	$300
Small Non-POTW	$1,000	$200
Agriculture	$1,200	$240
Surface Mining Operation	$1,200	$240
501(c)(3)	$100	$20

If this application is for a new project, see the General Instructions for the applicable Construction Permit fee.

A permit application cannot be processed unless the application filing fee and (if applicable) construction permit fee is enclosed. Make your check payable to "Kentucky State Treasurer."

VIII. **Certification**

The permit application must be signed as follows:

Corporation: by a principal executive officer of at least the level of vice president.

Partnership or sole proprietorship: by a general partner or the proprietor respectively.

Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

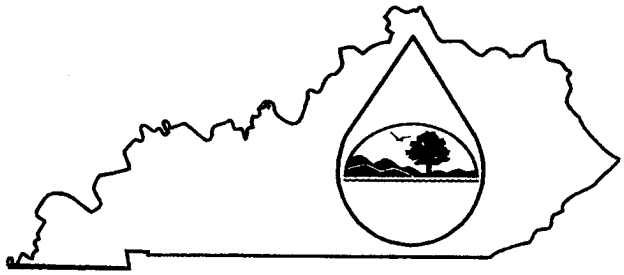
Facility Fee Category:	Filing Fee Enclosed:
MUNICIPAL	N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Eddie MOFFORD Supt.	1-606-735-2501
SIGNATURE	DATE:
Eddie Mofford	10-30-2007

KPDES FORM A



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

DEC 26 2007

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE	0	0	2	5	2	3	2

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All applicants must complete questions A.1 through A.6 of the Basic Application Information packet.

A.1. Facility Information.

Facility name: CITY OF BROOKSVILLE (BROOKSVILLE UTILITY)

Mailing Address: PO Box 216

BROOKSVILLE, KY 41004

Contact person: JEFF MOFFORD

Title: OPERATOR

Telephone number: 1-606-735-2501

Facility Address (not P.O. Box): BROOKSVILLE KY 41004

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name:

Mailing Address:

Contact person:

Title:

Telephone number:

Is the applicant the owner or operator (or both) of the treatment works?

☒ Owner ☐ Operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ Facility ☐ Applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

KPDES	KY 0025232	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information ~~on municipalities and areas served by the facility~~. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
CITY OF BROOKSVILLE	580		CITY

Total population served 580

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate .125 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	.082	.077	.091	mgd
c. Maximum daily flow rate	.169	.186	.177	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 4.3 MILES % 100%

☐ Combined storm and sanitary sewer ____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 7

iii. Combined sewer overflow points ____

iv. Constructed emergency overflows (prior to the headworks) ____

v. Other ____ ____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: ____

Annual average daily volume discharged to surface impoundment(s) ____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: ____

Number of acres: ____

Annual average daily volume applied to site: ____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☒ Yes ☐ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

TRUCK

If transport is by a party other than the applicant, provide:

Transporter name:	STEVE Bowling	MONTGOMERY NORTHCUTT
Mailing Address:	817 HAMILTON Rd BROOKSVILLE KY 41004	CYNTHIANA KY.
Contact person:	STEVE Bowling	MONTGOMERY NORTHCUTT
Title:	OWNER	OWNER
Telephone number:	606-783-1236	859-234-2016

For each treatment works that receives this discharge, provide the following:

Name:	MAYSVILLE W.W.T.P	CYNTHIANA WW.T.P.
Mailing Address:	P.O.Box 406 216 BRIDGE ST. MAYSVILLE KY 41056	2 W. KY 36 WEST CYNTHIANA KY.
Contact person:	Eddie	KENNY MEARTER
Title:	UTILITY MANAGER	Supt
Telephone number:	606-564-3537	859-234-7156

If known, provide the KPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. 4000 ~~mgd~~ g/FR m.

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method ☐ continuous or ☒ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number W.W.T.P.

b. Location

BROOKSVILLE (City or town, if applicable) 41004 (Zip Code)

(County) KY. (State)

38° 41' 06" (Latitude) 84° 03' 36" (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate .070 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes ☐ No

A.10. Description of Receiving Waters.

a. Name of receiving water LOCUST CREEK

b. Name of watershed (if known) _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☒ Primary ☐ Secondary

☐ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	85	%
Design SS removal	85	%
Design P removal		%
Design N removal		%
Other _____		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Cl2

If disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

d. Does the treatment plant have post aeration? ☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: _____

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.2	s.u.			
pH (Maximum)	7.2	s.u.			
Flow Rate	.086	.086 mgD			
Temperature (Winter)	43°				
Temperature (Summer)	80°				

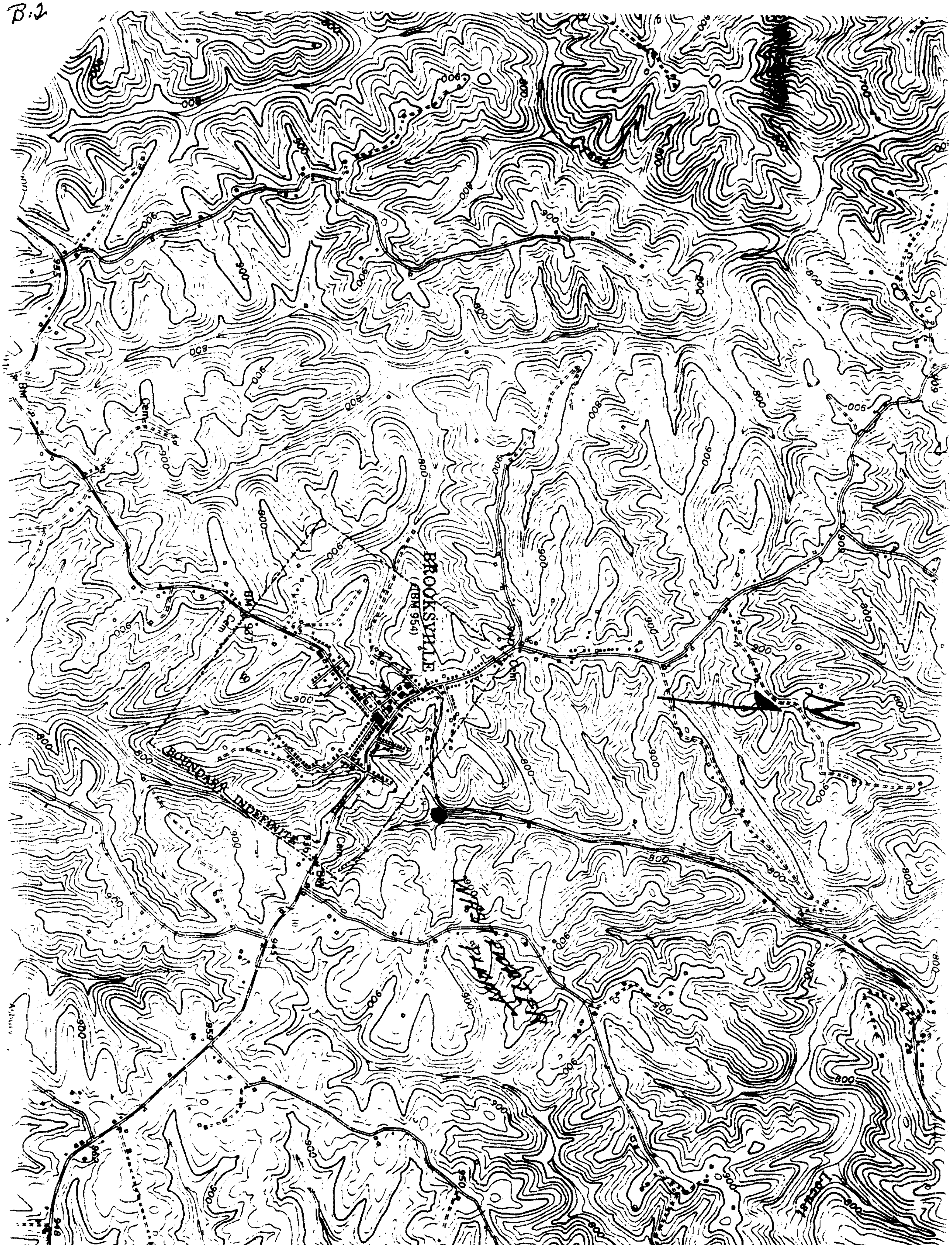
* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	15.6		15	mg/L	1 WEEK	Sm 5210B	
	CBOD-5					1 WEEK	Sm 9222D	
FECAL COLIFORM		400	WEEK	10 a	#/100mls	1 WEEK	Sm 9222D	
TOTAL SUSPENDED SOLIDS (TSS)		46.9	WEEK	45	mg/L	1 WEEK	EPA 1602	

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

B:2

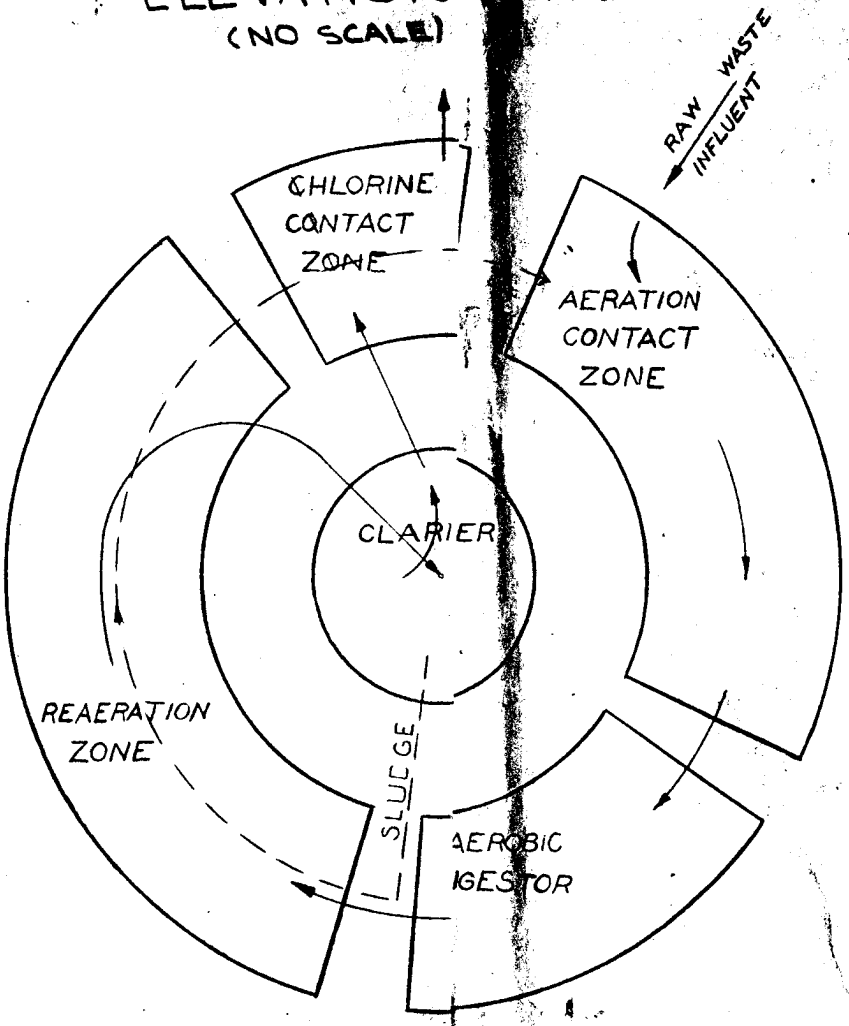


B.3

21'-5"

44'-3"

ELEVATION VIEW
(NO SCALE)



FLOW DIGRAM
EXTENDED ERATION

CITY OF BRO
SANITARY SE
SEWAGE TREATM

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

0 - 1,500 mgd gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

CITY IN PROCESS OF GETTING CAMERA & JETTER TO INSPECT SEWER LINE & REPAIR

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

CITY HAS O&M MANUALS VOL 1-2-3-4

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☒ No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	_____	_____
– End construction	_____	_____
– Begin discharge	_____	_____
– Attain operational level	_____	_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	6.3	LBS/DAY	1.0	mg/L	1/WEEK	Sm 4500NH3	
CHLORINE (TOTAL RESIDUAL, TRC)	.019	mg/L	1.009	mg/L	1WEEK	GRAB	
DISSOLVED OXYGEN	9.9	mg/L	7.0	mg/L	1/WEEK	GRAB	
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form A, as explained in the Application Overview. Indicate below which parts of Form A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Eddie MOFFORD Supt.

Signature: Eddie Moffard

Telephone number: 1-606-735-2501

Date signed: 12-18-2007

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.

KPDES FORM 1

OCT 3 2007

AI 391

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	2	5	2	3	2

A. Name of business, municipality, company, etc. requesting permit
CITY OF BROOKSVILLE

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: BROOKSVILLE UTILITY	Owner Name: CITY OF BROOKSVILLE
Facility Location Address (i.e. street, road, etc.): KY 19 NORTH ¼ MILE	Mailing Street: P.O. Box 716
Facility Location City, State, Zip Code: BROOKSVILLE KY 41004	Mailing City, State, Zip Code: BROOKSVILLE KY 41004
	Telephone Number: 606-735-2501

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

SANITARY SEWER

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:			
Other SIC Codes:	N/A		

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: BRACKEN	City where facility is located (if applicable):
C. Body of water receiving discharge: LOCUST CREEK	
D. Facility Site Latitude (degrees, minutes, seconds): 38° 41' 06"	Facility Site Longitude (degrees, minutes, seconds): 84° 03' 36"
E. Method used to obtain latitude & longitude (see instructions):	Topo MAP
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	N/A

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:

☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
JEFF MOFFORD	606-735-2501
Operator Mailing Address (Street): P.O. BX 216	
Operator Mailing Address (City, State, Zip Code): BROOKSVILLE KY 41004	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐ 04796
Certification Class: CLASS II	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY 0025232	2-04-2004	4-30-2008
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
	5-9-1975	N/A
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	BROOKSVILLE CLTILITY
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	McCoy & McCoy INC
DMR Mailing Street:	P O Box 907 NOEL AVE.
DMR Mailing City, State, Zip Code:	MADISONVILLE, Ky. 42431
DMR Official Telephone Number:	1-270-821-7375

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: Municipal ~~REISSUANCE~~ DISCHARGE PERMIT	Filing Fee Enclosed: N/A

VIII. CERTIFICATION

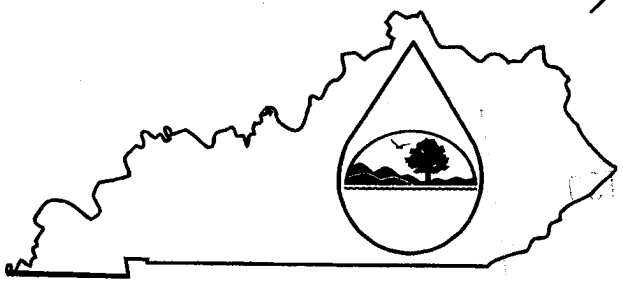
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Eddie MOFFORD Supt.	606-738-7501
SIGNATURE: Eddie Mofford	DATE: 10-30-2007

Not original

KPDES FORM A

CITY OF BROOKSVILLE



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE	0	0	2	5	2	3	2

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name CITY OF BROOKSVILLE (BROOKSVILLE UTILITY)

Mailing Address P.O Box 216

BROOKSVILLE Ky. 41004

Contact person JEFF MOFFORD

Title OPERATOR

Telephone number 606-735-2501

Facility Address BROOKSVILLE Ky. 41004

(not P.O. Box)

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name

Mailing Address

Contact person

Title

Telephone number

Is the applicant the owner or operator (or both) of the treatment works?

☐ Owner ☐ Operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ Facility ☐ Applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

KPDES Ky 0025232 PSD

UIC Other

RCRA Other

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
CITY OF BROOKSVILLE	580		CITY

Total population served 580

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate .125 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate				mgd
c. Maximum daily flow rate				mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒	Separate sanitary sewer	4.3 MILES	% 100%
☐	Combined storm and sanitary sewer		%

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 7

iii. Combined sewer overflow points

iv. Constructed emergency overflows (prior to the headworks)

v. Other _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☒ Yes ☐ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

TRUCK

If transport is by a party other than the applicant, provide:

Transporter name: STEVE BOWLING / MONTGOMERY NORTHCUTT

Mailing Address:

Contact person: STEVE BOWLING / M. NORTHCUTT

Title:

Telephone number: 606-782-1236 859-234-2016

For each treatment works that receives this discharge, provide the following:

Name: MAYSVILLE W.W.T.P. / CYNTHIANA W.W.T.P.

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the KPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd
4000 gal/m

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method ☐ continuous or ☒ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number WWTP 1

b. Location

BROOKSVILLE (City or town, if applicable) 41004 (Zip Code)

BRACKEN (County) KY (State)

38° 41' 06" (Latitude) 84° 03' 36" (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate .070 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes ☐ No

A.10. Description of Receiving Waters.

a. Name of receiving water LOCUST CREEK

b. Name of watershed (if known) _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☒ Primary ☐ Secondary

☐ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal 85 %

Design SS removal 85 %

Design P removal _____ %

Design N removal _____ %

Other _____ _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Cl2

If disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

d. Does the treatment plant have post aeration? ☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: _____

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.2	s.u.			
pH (Maximum)	7.5	s.u.			
Flow Rate	.086	.086 mgd			
Temperature (Winter)	N/A	N/A			
Temperature (Summer)	N/A	N/A			

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	15.6	~~KG/DAY~~	15.	mg/L	1/WEEK	SM 5210B	
	CBOD-5					1/WEEK	SM 9222D	
FECAL COLIFORM		400	WEEK	10 U	#/100 ml's	1/WEEK	SM 9222D	
TOTAL SUSPENDED SOLIDS (TSS)		46.9	WEEK	45	mg/L	1/WEEK	EPA 1602	

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

0 - .500 MGD gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

CITY IN PROCESS OF GETTING CAMERA + JETTER TO INSPECT PIPE AND REPAIR

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) STATE should HAVE ALL MAPS ON FILE

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

CITY HAS O+M. MANUALS VOL 1-2-3-4

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☒ No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

N/A

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction		
– End construction		
– Begin discharge		
– Attain operational level		

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	6.3	LBS/DAY	1.0	MG/L	1/WEEK	SM4500NH3	
CHLORINE (TOTAL RESIDUAL, TRC)			.019	mg/L	1/WEEK	GRAB	
DISSOLVED OXYGEN			4.0	mg/L	1/WEEK	GRAB	
TOTAL KJELDAHL NITROGEN (TKN)			N/A				
NITRATE PLUS NITRITE NITROGEN			N/A				
OIL and GREASE			N/A				
PHOSPHORUS (Total)			N/A				
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form A, as explained in the Application Overview. Indicate below which parts of Form A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Eddie MOFFORd Supt.

Signature: Eddie Mofford

Telephone number: 606-735-2501

Date signed: 10-30-2007

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											